

P.O. BOX 391820 • ANZA, CA 92539 • PHONE: 951-659-2700 • FAX: 951-659-2228

Higher Education Assistance Request Form

1	, a Tribal Member of Santa Rosa Band of
Cahuilla Indians, am requ	uesting Education Assistance. I am requesting
\$ to pay fo	or tuition, books, supplies, Childcare Bills
and/or dorm (only if too	far to drive). I have attached copies of my class
schedule, receipts, and/or	r bills. I understand that the total amount
allowed per calendar year	r is \$1,200. I understand that I must complete
the classes which I have a	accepted Education Assistance and forward a
copy of my grades, transc	cripts or certificate of completion at the end of
each semester. I understa	and that if I don't comply with these standards
the tribe reserves the righ	nt to have me repay this Education Assistance
from the next RSTF Dist	ribution.
Signed:	Date:
51511ca.	Butc
Phone number:	